

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 54

For Official Use Only

Statement covers period

from 05/23/2010

through 06/30/2010

Date of election if applicable:  
(Month, Day, Year)

11/02/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

UPDATE SCHEDULE G

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1323385

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ABEL MALDONADO FOR LT. GOVERNOR 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SANTA MARIA</u>	<u>CA</u>	<u>93458</u>	<u>( ) -</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	

OPTIONAL: FAX/E-MAIL ADDRESS  
415-732-7701

## Treasurer(s)

NAME OF TREASURER  
JAMES R. SUTTON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

NAME OF ASSISTANT TREASURER, IF ANY  
JESSE A. MAINARDI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/06/2010 By JESSE A. MAINARDI  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/06/2010 By ABEL MALDONADO  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ABEL MALDONADO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lieutenant Governor  
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SANTA MARIA CA 93458

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ABEL MALDONADO FOR SENATE

I.D. NUMBER

1272517

NAME OF TREASURER

ABEL MALDONADO

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

SANTA MARIA

STATE

CA

ZIP CODE

93454

AREA CODE/PHONE

415-732-7700

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>05/23/2010</u> through <u>06/30/2010</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>54</u> I.D. NUMBER 1323385
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$126,857.00	\$616,254.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$126,857.00	\$616,254.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$3,500.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$126,857.00	\$619,754.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$619,754.00	\$0.00
21. Expenditures Made	\$791,100.55	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$175,427.71	\$525,764.92
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$175,427.71	\$525,764.92
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$163,791.50)	\$261,835.63
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$3,500.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$11,636.21	\$791,100.55

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>11/2/2010</u>	<u>\$13,829.86</u>
<u>6/8/2010</u>	<u>\$790,782.98</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$139,059.79	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$126,857.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$96.00	
15. Cash Payments .....	Column A, Line 8 above	\$175,427.71	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$90,585.08	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$261,835.63

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 4 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/24/2010	FORTUNE GROWERS LLC ARROYO GRANDE, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
5/24/2010	TANGRAM INTERIORS SANTA FE SPRINGS, CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
5/25/2010	JOHNNY KHAMIS SAN JOSE, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WESTERN INTERNATIONAL SECURITIES FINANCIAL ADVISOR	\$250.00	\$250.00	2010P: \$250.00
5/25/2010	LYNN KREBS LOS GATOS, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/25/2010	GEOFFREY RUSACK SOLVANG, CA 93463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RUSACK VINEYARDS ATTORNEY/VINTNER	\$2,500.00	\$2,500.00	2010P: \$2,500.00

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$126,300.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$557.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$126,857.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/23/2010</u> through <u>06/30/2010</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>54</u>
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/26/2010	ANASTASSIOU & ASSOCIATES SALINAS, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/27/2010	ROBERT EVANS CARMEL, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/27/2010	J & N TRUCKING AND LOWBED SERVICES SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2010P: \$6,500.00 2010G: \$4,500.00
5/27/2010	J & N TRUCKING AND LOWBED SERVICES SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,500.00	\$11,000.00	2010P: \$6,500.00 2010G: \$4,500.00
5/27/2010	BUTCH LINDLEY SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOCKWOOD VINEYARDS OWNER	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 6 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number  
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/27/2010	CLARENCE MINETTI GUADALUPE, CA 93434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARETTI & MINETTI RANCH CO. RANCHER	\$100.00	\$100.00	2010P: \$100.00
5/27/2010	PECHANGA BAND OF LUISENO INDIANS TEMECULA, CA 92592	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$9,900.00	2010P: \$3,500.00 2010G: \$6,400.00
5/27/2010	PECHANGA BAND OF LUISENO INDIANS TEMECULA, CA 92592	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,400.00	\$9,900.00	2010P: \$3,500.00 2010G: \$6,400.00
5/27/2010	JERRY RAVA II KING CITY, CA 93930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOUTH COUNTY PACKING, INC. FARMER	\$1,000.00	\$2,000.00	2010P: \$2,000.00
5/27/2010	YOCHA DEHE WINTUN NATION BROOKS, CA 95606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 7 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2010	AGUA CALIENTE BAND OF CAHUILLA INDIANS PALM SPRINGS, CA 92264	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
5/28/2010	G & M HANSEN FAMILY PARTNERHIP LP SALINAS, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/28/2010	ADOLPH QUILICI SAN JOSE, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$150.00	\$150.00	2010P: \$150.00
5/28/2010	MARIO TAPANES EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MERUELO ENTERPRISES, INC. ATTORNEY	\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/1/2010	JOHN F. ADAM, JR. SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADAM GROWERS INC. PRESIDENT	\$100.00	\$100.00	2010P: \$100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 8 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/1/2010	EL SUR RANCH MONTEREY, CA 93940	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/1/2010	WELLS FARGO BANK CALIFORNIA PAC SAN FRANCISCO, CA 94105 Committee ID: 990493	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
6/2/2010	MARY DRIEDGER SAN JOSE, CA 95712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSOCIATED CAPITAL CONSULTANTS INC. INVESTMENT CONSULTANT	\$250.00	\$250.00	2010P: \$250.00
6/3/2010	CALIFORNIA NEW CAR DEALERS ASSOCIATION PAC SACRAMENTO, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/3/2010	CAROLE RODONI SAN MATEO, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME ATTORNEY	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 9 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/3/2010	VICTORY DEALERSHIP GROUP SEASIDE, CA 93955	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/4/2010	LUCRECIA CARRERAS SAN DIMAS, CA 91773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/4/2010	LUIS P CARRERAS SAN DIMAS, CA 91773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	L. P. CARRERAS & ASSOCIATES SENIOR PARTNER	\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/4/2010	JAMES HARTMAN BERKELEY, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GLASPY AND GLASPY ATTORNEY	\$300.00	\$300.00	2010P: \$300.00
6/4/2010	CHEI C. YIN VACAVILLE, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	YIN MCDONALD'S BUSINESS OWNER	\$3,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 10 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/5/2010	JOHN MCCORMACK PEBBLE BEACH, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/6/2010	DAN BREEDING SAN JOSE, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBI CONSTRUCTION CHIEF OPERATING OFFICER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/6/2010	NEW MAJORITY CALIFORNIA PAC COSTA MESA, CA 92626 Committee ID: 992074	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,250.00	\$6,500.00	2010P: \$6,500.00
6/6/2010	NEW MAJORITY CALIFORNIA PAC COSTA MESA, CA 92626 Committee ID: 992074	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,250.00	\$6,500.00	2010P: \$6,500.00
6/6/2010	NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL SMALL CONTRIBUTOR COMMITTEE OAKLAND, CA 94621 Committee ID: 972104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 11 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/7/2010	HEDY L. CHANG MORGAN HILL, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HC PROPERTIES OWNER	\$500.00	\$500.00	2010P: \$500.00
6/7/2010	EADE RANCH MANAGEMENT SAN ARDO, CA 93450	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
6/7/2010	PAUL FOLINO COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EMULEX CORPORATION EXECUTIVE CHAIRMAN	\$3,500.00	\$3,500.00	2010P: \$3,500.00
6/7/2010	GRANVILLE HOMES, INC. AFFILIATES LOCANS INVESTMENTS, LLC FRESNO, CA 93711 Memo Reference: INC610	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/7/2010	UNITED AGRIBUSINESS LEAGUE PAC IRVINE, CA 92606 Committee ID: 861050	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 12 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number  
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/8/2010	BOB BERKOWITZ CRESCENT CITY, CA 95531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1ST WORLD PARTNERS, LLC CHIEF EXECUTIVE OFFICER	\$100.00	\$100.00	2010P: \$100.00
6/8/2010	PAPKEN S. DER TOROSSIAN SARATOGA, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VISTEC SEMICONDUCTOR CHAIRMAN	\$500.00	\$500.00	2010P: \$500.00
6/8/2010	THOMAS V. MCKERNAN ARCADIA, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA CHIEF EXECUTIVE OFFICER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/9/2010	ANDREW DEGRACA SAN BRUNO, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SF PUBLIC UTILITIES COMMISSION UTILITY MANAGER	\$100.00	\$100.00	2010P: \$100.00
6/15/2010	OSWALD DA ROS SANTA BARBARA, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 13 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/15/2010	SARAHANN SHAPIRO SAN JOSE, CA 95117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAHL & MCCAY SPECIAL COUNSEL	\$500.00	\$500.00	2010P: \$500.00
6/15/2010	LEWIS WOLFF LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WOLFF URBAN DEVELOPMENT OWNER & CHIEF EXECUTIVE OFFICER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/18/2010	ANGELA VALLES FOR CITY COUNCIL 2010 VICTORVILLE, CA 92392 Committee ID: 1318651	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2010P: \$150.00
6/18/2010	DONNA TUTTLE MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME INVESTMENT MANAGER	\$500.00	\$500.00	2010P: \$500.00
6/21/2010	FRANK E. BAXTER LOS ANGELES, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 14 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number  
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/21/2010	LUIS PALTENGHE BUHLER CUPERTINO, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROCKLEDGE ASSOCIATES CHIEF FINANCIAL OFFICER	\$500.00	\$500.00	2010P: \$500.00
6/21/2010	MARY ELLEN FOX SARATOGA, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/21/2010	DENISE J. GRIGORY SAN ARDO, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRIGORY RANCH RANCHER	\$100.00	\$100.00	2010P: \$100.00
6/21/2010	ELIZABETH ROGERS CAMARILLO, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PACIFIC EARTH RESOURCES PARTNER	\$500.00	\$500.00	2010P: \$500.00
6/21/2010	THOMAS PATRICK SUMNER DBA PATRICIO'S PIZZA SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 15 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number  
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/23/2010	MIREYA LANGE YORBA LINDA, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRICAL, INC. VICE PRESIDENT PLANNING & COORDINATION	\$1,500.00	\$1,500.00	2010P: \$1,500.00
6/23/2010	SARATOGA COMMONS/SARATOGA VISTA APTS. CUPERTINO, CA 95014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
6/24/2010	ALFRED GONZALEZ ATASCADERO, CA 93423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
6/30/2010	SIVANI BABU SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NOT EMPLOYED	\$200.00	\$200.00	2010P: \$200.00
6/30/2010	THOMAS GALLAGHER TRACY, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOMMY G PRESENTS EVENT PLANNER/OWNER	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/23/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2010</u>		
		Page <u>16</u> of <u>54</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2010	BOB LINSCHIED CHICO, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LINSCHIED COMPANY, INC. PRESIDENT	\$250.00	\$250.00	2010P: \$250.00
6/30/2010	SASHI MCENTEE MILL VALLEY, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KEYSTONE BUSINESS DEVELOPMENT BUSINESS CONSULTANT	\$100.00	\$100.00	2010P: \$100.00
6/30/2010	MATTHEW PENRY MORGAN HILL, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GREENWING ENERGY MGT. LTD. ENERGY DEVELOPER	\$200.00	\$200.00	2010P: \$200.00
6/30/2010	RON SANDLER CRESCENT CITY, CA 95531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEL NORTE AMBULANCE	\$500.00	\$500.00	2010P: \$500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$126,300.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 05/23/2010  
through 06/30/2010

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>05/23/2010</u> through <u>06/30/2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1323385	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>05/23/2010</u> through <u>06/30/2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>19</u> of <u>54</u>
I.D. Number 1323385	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	05/23/2010		
through	06/30/2010	Page 20 of 54	
		I.D. NUMBER 1323385	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 05/23/2010 through 06/30/2010	<b>CALIFORNIA FORM 460</b>
Page 21 of 54	I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808	LIT		\$25,000.00
Committee ID: 1319578 CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT		\$25,000.00
Committee ID: 595004 REPUBLICAN VOTER CHECKLIST LONG BEACH, CA 90278	LIT		\$7,000.00
Committee ID: 598002			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$175,427.71
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$175,427.71

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 05/23/2010		
through 06/30/2010		Page 22 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ORANGE COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT			\$11,201.00
Committee ID: 1285120 COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$993.75
SAN DIEGO COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LA JOLLA, CA 92037	LIT			\$9,500.00
Committee ID: 1287037 COPS VOTER GUIDE FOLSOM, CA 95630	LIT			\$20,000.00
Committee ID: 599014 AMERICAN EXPRESS NEW YORK, NY 10285	OFC			\$10,866.71

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through 06/30/2010		Page 23 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$375.00
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$18.75
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT			\$25,000.00
Committee ID: 595004 KIM AND ALLEN SNOWDEN SALINAS, CA 93908	OFC			\$1,200.00
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$2,025.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through 06/30/2010		Page 24 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$82.22
AT&T DALLAS, TX 75202	OFC			\$594.00
CLASSIC AWARDS & TROPHY CO. SACRAMENTO, CA 95834	OFC			\$125.06
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$104.93
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$270.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through 06/30/2010		Page 25 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$3.00
INLAND EMPIRE REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT			\$9,500.00
Committee ID: 1293670 LOS ANGELES COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT			\$8,000.00
Committee ID: 1305336 PETER NEWMAN PEBBLE BEACH, CA 93953			REIMBURSED EXPENSES	\$4,012.97
PETER NEWMAN PEBBLE BEACH, CA 93953			REIMBURSED EXPENSES	\$1,119.63

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through 06/30/2010		Page 26 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PETER NEWMAN PEBBLE BEACH, CA 93953			REIMBURSED EXPENSES	\$972.96
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS			\$4,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT			\$1,861.50
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO			\$5,885.33
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$7.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through 06/30/2010		Page 27 of 54
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM SAN DIEGO, CA 92123	OFC			\$112.50
AT&T DALLAS, TX 75202	OFC			\$95.90

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$175,427.71

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 05/23/2010  
through 06/30/2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REPUBLICAN VOTER CHECKLIST LONG BEACH, CA 90278	LIT	\$17,500.00	\$0.00	\$7,000.00	\$10,500.00
Committee ID: 598002 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	LIT	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Committee ID: 1322823 NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$4,500.00	\$0.00	\$4,500.00	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$6,525.78
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$170,317.28
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$163,791.50)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 05/23/2010  
through 06/30/2010

CALIFORNIA  
FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

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NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$1,861.50	\$0.00	\$1,861.50	\$0.00
CALIFORNIA TAXPAYERS ALLIANCE NEWSLETTER SANTA ANA, CA 92705	LIT ACCRUED IN ERROR	\$20,000.00	(\$20,000.00)	\$0.00	\$0.00
Committee ID: 1306487 COPS VOTER GUIDE FOLSOM, CA 95630	LIT	\$20,000.00	\$0.00	\$20,000.00	\$0.00
Committee ID: 599014 MAINSTREAM GOP CONSULTING CARMEL, CA 93923	REIMBURSED EXPENSES	\$1,199.40	\$0.00	\$0.00	\$1,199.40

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 05/23/2010  
through 06/30/2010

**CALIFORNIA FORM 460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

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SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$5,885.33	\$0.00	\$5,885.33	\$0.00
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS	\$12,500.00	\$0.00	\$0.00	\$12,500.00
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$4,021.97	\$0.00	\$4,012.97	\$9.00
CITIZENS FOR GOOD GOVERNMENT COVINA, CA 91722	LIT	\$35,000.00	\$0.00	\$0.00	\$35,000.00
Committee ID: 599010					

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
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SCHEDULE F (CONT.)

Statement covers period  
from 05/23/2010  
through 06/30/2010

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
IGNITE CONSULTING ELK GROVE, CA 95757	CNS	\$5,000.00	\$0.00	\$0.00	\$5,000.00
VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808	LIT	\$27,500.00	\$0.00	\$25,000.00	\$2,500.00
Committee ID: 1319578 NON-PARTISAN CANDIDATE EVALUATION COUNCIL, INC. IRVINE, CA 92604	LIT ACCRUED IN ERROR	\$20,000.00	(\$20,000.00)	\$0.00	\$0.00
Committee ID: 588002 CALIFORNIA BORDER SECURITY NEWSLETTER GARDEN GROVE, CA 92841	LIT ACCRUED IN ERROR	\$13,000.00	(\$13,000.00)	\$0.00	\$0.00
Committee ID: 1306866					

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 05/23/2010  
through 06/30/2010

CALIFORNIA  
FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CA FAMILY VOICE NEWSLETTER, A PROJECT OF POLICY ISSUES INSTITUTE GARDEN GROVE, CA 92841  Committee ID: 1310975	LIT	\$10,000.00	\$0.00	\$0.00	\$10,000.00
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501  Committee ID: 595004	LIT	\$125,000.00	\$0.00	\$50,000.00	\$75,000.00
ORANGE COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677  Committee ID: 1285120	LIT	\$11,201.00	\$0.00	\$11,201.00	\$0.00
LOS ANGELES COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677  Committee ID: 1305336	LIT	\$8,000.00	\$0.00	\$8,000.00	\$0.00

**SUBTOTALS**



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 05/23/2010  
through 06/30/2010

CALIFORNIA  
FORM 460

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
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SAN DIEGO COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LA JOLLA, CA 92037	LIT	\$9,500.00	\$0.00	\$9,500.00	\$0.00
Committee ID: 1287037					
INLAND EMPIRE REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$9,500.00	\$0.00	\$9,500.00	\$0.00
Committee ID: 1293670					
VENTURA COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Committee ID: 1290652					
CALIFORNIA LAW ENFORCEMENT VOTER GUIDE HERMOSA BEACH, CA 90254	LIT	\$12,500.00	\$0.00	\$0.00	\$12,500.00
Committee ID: 598005					

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
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Statement covers period  
from 05/23/2010  
through 06/30/2010

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FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$4,492.55	\$0.00	\$0.00	\$4,492.55
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$3,132.95	\$0.00	\$0.00	\$3,132.95
AMERICAN EXPRESS NEW YORK, NY 10285	OFC	\$10,866.71	\$0.00	\$10,866.71	\$0.00
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$3,806.88	\$0.00	\$0.00	\$3,806.88

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 05/23/2010  
through 06/30/2010

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$972.96	\$0.00	\$972.96	\$0.00
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$1,119.63	\$0.00	\$1,119.63	\$0.00
AMERICAN EXPRESS NEW YORK, NY 10285	OFC	\$2,852.64	\$0.00	\$0.00	\$2,852.64
AT&T DALLAS, TX 75202	OFC	\$594.00	\$0.00	\$594.00	\$0.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
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Statement covers period  
from 05/23/2010  
through 06/30/2010

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FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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AT&T DALLAS, TX 75202	OFC	\$82.22	\$0.00	\$82.22	\$0.00
CLASSIC AWARDS & TROPHY CO. SACRAMENTO, CA 95834	OFC	\$125.06	\$0.00	\$125.06	\$0.00
AMERICAN EXPRESS NEW YORK, NY 10285	OFC SEE SCHEDULE G	\$0.00	\$7,615.37	\$0.00	\$7,615.37
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$3,000.80	\$0.00	\$3,000.80

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 05/23/2010  
through 06/30/2010

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
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PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES.	\$0.00	\$3,706.96	\$0.00	\$3,706.96
AT&T DALLAS, TX 75202	OFC	\$0.00	\$405.17	\$0.00	\$405.17
ELKS RECREATION, INC. SANTA MARIA, CA 93454	PRT	\$250.00	\$0.00	\$0.00	\$250.00
CHARIOT LLC SAN FRANCISCO, CA 94112	POL	\$0.00	\$7,840.00	\$0.00	\$7,840.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 05/23/2010  
through 06/30/2010

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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CALIFORNIA REPUBLICAN ECONOMIC REFORM PROJECT SANTA ANA, CA 92705	LIT	\$0.00	\$18,000.00	\$0.00	\$18,000.00
Committee ID: 1324127					
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$4,500.00	\$0.00	\$0.00	\$4,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$4,500.00	\$0.00	\$0.00	\$4,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$1,478.25	\$0.00	\$0.00	\$1,478.25

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 05/23/2010  
through 06/30/2010

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FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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AT&T DALLAS, TX 75202	OFC	\$88.18	\$0.00	\$0.00	\$88.18
AT&T DALLAS, TX 75202	OFC	\$0.00	\$98.47	\$0.00	\$98.47
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$0.00	\$82.13	\$0.00	\$82.13
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$0.00	\$82.13	\$0.00	\$82.13

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 05/23/2010  
through 06/30/2010

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FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$0.00	\$4,500.00	\$0.00	\$4,500.00
MAINSTREAM GOP CONSULTING CARMEL, CA 93923	REIMBURSED EXPENSES	\$0.00	\$1,087.76	\$0.00	\$1,087.76
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$3,718.85	\$0.00	\$3,718.85
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$0.00	\$1,332.05	\$0.00	\$1,332.05

**SUBTOTALS**



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

Statement covers period  
from 05/23/2010  
through 06/30/2010

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FORM **460**

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NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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AMERICAN EXPRESS NEW YORK, NY 10285	OFC SEE SCHEDULE G	\$0.00	\$271.02	\$0.00	\$271.02
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$0.00	\$529.54	\$0.00	\$529.54
AMERICAN EXPRESS NEW YORK, NY 10285	OFC SEE SCHEDULE G	\$0.00	\$7,169.53	\$0.00	\$7,169.53
AT&T DALLAS, TX 75202	OFC	\$95.90	\$0.00	\$95.90	\$0.00
<b>SUBTOTALS</b>		\$425,627.13	\$6,439.78	\$170,317.28	\$261,749.63

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
AMERICAN EXPRESS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ATLANTIC AVIATION SANTA ANA, CA 92707	TRC		AIRPLANE FUEL, TRAVEL ON 5/27/10 TO SANTA MARIA, CANDIDATE ONLY, FOR FUNDRAISING	\$313.52
AZTEC AVIATION COMPANY LANCASTER, CA 93534	TRC		AIRPLANE FUEL, TRAVEL ON 5/25/10 TO IMPERIAL COUNTY, CANDIDATE ONLY, FOR CAMPAIGN MEETING AND FUNDRAISING	\$930.00
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/25/10 TO VICTORVILLE, CANDIDATE ONLY, FOR COMMUNITY MEETING	\$697.22
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/27/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/OFFICIAL DUTIES	\$460.53

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2401.27

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/23/2010	
through	06/30/2010	Page 43 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
AMERICAN EXPRESS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/29/10 TO NAPA, CANDIDATE AND 1 STAFF, FOR CAMPAIGN MEETING AND MEDIA APPEARANCES	\$230.27
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/1/10 TO SALINAS, CANDIDATE ONLY, FOR CAMPAIGN MEETING AND MEDIA APPEARANCES	\$383.78
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/8/10-6/9/10 TO LOS ANGELES AND SAN FRANCISCO, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$959.45
CORPORATE AIRCRAFT INC. FRESNO, CA 93726	TRC		AIRPLANE FUEL, TRAVEL ON 6/5/10 TO SANTA MARIA, CANDIDATE ONLY, FOR FUNDRAISING	\$241.51

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1815.01

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
AMERICAN EXPRESS

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FRANK FAT'S SACRAMENTO, CA 95814	TRC		MEAL ON 6/4/10, 3 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$166.71
GO RENT-A-VAN NEWPORT BEACH, CA 92660	TRC		RENTAL CAR, TRAVEL ON 5/26/10 TO NEWPORT BEACH, CANDIDATE ONLY, FOR CAMPAIGN MEETING AND FUNDRAISING	\$114.01
HERTZ LOCAL EDITION - PETALUMA PETALUMA, CA 94952	TRC		RENTAL CAR, TRAVEL ON 5/24/10-5/29/10 TO PETALUMA, CANDIDATE AND 1 STAFF, FOR CAMPAIGN MEETING AND MEDIA APPEARANCES	\$259.91
HOLIDAY INN EXPRESS NEWPORT BEACH NEWPORT BEACH, CA 92663	TRC		HOTEL, TRAVEL ON 5/24/10-5/25/10 TO NEWPORT BEACH, CANDIDATE ONLY, FOR COMMUNITY MEETING	\$116.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$657.03

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# Schedule G

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1323385

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LE RIVAGE SACRAMENTO, CA 95822	TRC		HOTEL, TRAVEL ON 6/1/10-6/4/10 TO SACRAMENTO, CANDIDATE ONLY, FOR CAMPAIGN MEETING AND WORK/OFFICIAL DUTIES	\$352.44
PENTASTAR AVIATION OF CALIFORNIA VAN NUYS, CA 91406	TRC		AIRPLANE FUEL, TRAVEL ON 6/4/10-6/5/10 TO SACRAMENTO, CANDIDATE ONLY, FOR MEDIA APPEARANCES AND WORK/OFFICIAL DUTIES	\$764.52
SCOTT'S SEAFOOD GRILL & BAR SACRAMENTO, CA 95825	TRC		MEAL ON 6/2/10, 2 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$157.53
SCOTT'S SEAFOOD GRILL & BAR SACRAMENTO, CA 95825	TRC		MEAL ON 6/9/10, CANDIDATE AND CAMPAIGN MANAGER ONLY, FOR CAMPAIGN MEETING	\$163.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1438.09

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

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I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS		AIRPLANE TICKET, TRAVEL ON 5/25/10 TO BURBANK, 1 STAFF ONLY, FOR FUNDRAISING	\$196.60
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS		AIRPLANE TICKET, TRAVEL ON 6/8/10 TO BURBANK, 1 STAFF ONLY, FOR ELECTION NIGHT EVENT	\$338.40
WEST LOG AVIATION/CAL-ORE LIFE CRESCENT CITY, CA 95531	TRC		AIRPLANE FUEL, TRAVEL ON 6/2/10 TO CRESCENT CITY, CANDIDATE AND CAMPAIGN MANAGER, FOR CAMPAIGN MEETING AND MEDIA APPEARANCES	\$158.70
58 DEGREES & HOLDING CO. SACRAMENTO, CA 95811	TRC		MEAL ON 6/11/10, 2 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$103.09

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$796.79

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**FPPC Form 460 (June/01)**  
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# Schedule G

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
58 DEGREES & HOLDING CO. SACRAMENTO, CA 95811	TRC		MEAL ON 6/17/10, 3 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$143.72
58 DEGREES & HOLDING CO. SACRAMENTO, CA 95811	TRC		MEAL ON 6/21/10, 2 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$118.32
BOBOQUIVARI SAN FRANCISCO, CA 94123	TRC		MEAL ON 6/24/10, 3 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR CAMPAIGN MEETING	\$165.97
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/17/10 TO SANTA MARIA, SACRAMENTO, STOCKTON, AND MONTEREY, CANDIDATE ONLY, FOR CAMPAIGN EVENTS	\$748.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1176.21

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/18/10 TO LOS ANGELES, CANDIDATE ONLY, FOR CAMPAIGN EVENTS	\$448.92
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/19/10 TO LOS ANGELES, CANDIDATE ONLY, FOR CAMPAIGN EVENTS	\$561.15
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/26/10 TO NAPA, CANDIDATE AND CAMPAIGN MANAGER ONLY, FOR CAMPAIGN EVENT	\$459.49
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 6/29/10 TO SACRAMENTO, CANDIDATE ONLY, FOR CAMPAIGN MEETINGS AND GOVERNMENTAL DUTIES	\$765.82

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2235.38

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# Schedule G

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CROWNAIR AVIATION SAN DIEGO, CA 92123	TRC		AIRPLANE FUEL, TRAVEL ON 6/23/10 TO SAN DIEGO AND LOS ANGELES, CANDIDATE ONLY, FOR CAMPAIGN EVENTS	\$398.00
EMPIRE HOTEL NEW YORK, NY 10023	TRC		HOTEL, TRAVEL ON 6/13-6/14/10 TO NEW YORK, CANDIDATE ONLY, FOR MEDIA APPEARANCE AND FUNDRAISING	\$438.41
FOUR POINTS SHERATON SAN DIEGO, CA 92123	TRC		HOTEL, TRAVEL ON 6/22-6/23/10 TO SAN DIEGO, CANDIDATE ONLY, FOR MEDIA APPEARANCES AND FUNDRAISING	\$123.75
HERTZ CAR RENTAL FORT LAUDERDALE, FL 33315	TRC		CAR RENTAL, TRAVEL ON 6/11-6/13/10 TO FT. LAUDERDALE, CANDIDATE ONLY, FOR MEDIA APPEARANCE	\$137.11

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1097.27

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HOTEL MONACO SAN FRANCISCO SAN FRANCISCO, CA 94102	TRC		HOTEL, TRAVEL ON 6/24/10 TO SAN FRANCISCO, CANDIDATE AND CAMPAIGN MANAGER ONLY, FOR CAMPAIGN EVENT	\$201.70
HOTELS.COM NORTH MIAMI, FL 33181	TRC		HOTEL, TRAVEL ON 6/11-6/13/10 TO FT. LAUDERDALE, CANDIDATE ONLY, FOR MEDIA APPEARANCE	\$241.13
I CUGINI SANTA MONICA, CA 90401	TRC		MEAL ON 6/23/10, 3 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$108.38
MIDWAY CAR RENTAL NORTH HOLLYWOOD, CA 91602	TRS		CAR RENTAL, TRAVEL ON 6/10-6/13/10 TO LOS ANGELES, 1 STAFF ONLY, FOR CAMPAIGN MEETINGS AND MEDIA APPEARANCES	\$198.84

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$750.05

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RADISSON HOTEL SANTA MARIA SANTA MARIA, CA 93455	TRC		HOTEL, TRAVEL ON 6/12-6/13/10 TO LOS ANGELES, 1 STAFF ONLY, FOR CAMPAIGN MEETINGS AND MEDIA APPEARANCES	\$242.30
SLS HOTEL BEVERLY HILLS LOS ANGELES, CA 90048	TRC			\$329.65
THE GRILL HOLLYWOOD LOS ANGELES, CA 90028	TRC		MEAL ON 6/30/10, 3 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$179.09

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$751.04

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**FPPC Form 460 (June/01)**  
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# Schedule H – Loans Made to Others\*

Type or print in ink.  
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to whole dollars.

SCHEDULE H

Statement covers period  
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE I

Statement covers period

from 05/23/2010

through 06/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER  
1323385

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$0.00
2. Unitemized increases to cash under \$100 this period. ....	\$96.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$96.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC610  
MADE BY AFFILIATED ENTITY: ACDF, LLC, SAME ADDRESS

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